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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 22428 7590 08/01/2008 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. FOLEY AND LARDNER LLP SUITE 500 3000 K STREET NW WASHINGTON, DC 20007 (Signature (Date) FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. **FILING DATE** 034536-0407 5378 10/611,671 TITLE OF INVENTION: GEF-HIB: BIOMARKERS, COMPLEXES ASSAYS AND THERAPEUTIC USES THEREOF DATE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE **ISSUE FEE DUE PUBLICATION FEE DUE** APPLN. TYPE SMALL ENTITY SO 09/12/2008 WABBELR'S 00000080 10611671 \$300 NO \$1440 nonprovisional ART UNIT **CLASS-SUBCLASS EXAMINER** 1440.00 OP 435-069100 300.00 Op 1646 XIE. XIAOZHEN 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Foley & Lardner LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE San Francisco, CA SUGEN, INC. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Issue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. September 11, 2008 ch Authorized Signature 34,717 Michele M. Simkin Typed or printed name \_ Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. 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FOLEY AND LARDNER LLP					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United				
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WASHINGTON, DC 20007					(Depositor's name)				
								(Signature)	
					····			(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENT		OR		RNEY DOCKET NO.	CONFIRMATION NO.	
10/611,671 07/02/2003			Tod R. Smeal			034536-0407 5378		5378	
TITLE OF INVENTION: GEF-HIB: BIOMARKERS, COMPLEXES ASSAYS AND THERAPEUTIC USES THEREOF									
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APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	11/03/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
XIE, XIA	AOZHEN	1646	435-069100						
	ence address or indication	n of "Fee Address" (37	2. For printing on t	he pa	itent front page, lis	t	. Foley	& Lardner LL	
CFR 1.363).	11 11 ( 61		(1) the names of u	ip to	3 registered patent	t attorn	eys Trorey	& Dardier DD.	
Change of corresp Address form PTO/SI	or agents OR, alternatively,								
-	lication (or "Fee Address	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
PTO/SB/47; Rev 03-( Number is required.	2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
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PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	data will appear on the	he pa	tent. If an assigne	ee is id	entified below, the do	ocument has been filed for	
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
SUGEN,	Sar	San Francisco, CA							
Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government									
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (	Pleas	se first reapply an	y previ	iously paid issue fee s	shown above)	
X Issue Fee A check is enclosed.									
Publication Fee (No small entity discount permitted)  Payment by credit card. Form PT						is atta	ched.		
Advance Order - # of Copies The Director is he					ereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number 19-0741 (enclose an extra copy of this form).				
			overpayment, to L	)epos	it Account Numbe	r <u>19</u>	- 0 7 4 1 (enclose an	extra copy of this form).	
5. Change in Entity Sta			D					D 1 057 ( )/A)	
a. Applicant claim	ns SMALL ENTITY state	as. See 37 CFR 1.27.					'ITY status. See 37 CF		
NOTE: The Issue Fee ar interest as shown by the		0 /1 //	d from anyone other the Office.	nan th	ne applicant; a regis	stered a	ttomey or agent; or the	e assignee or other party in	
Authorized Signature	Mer	Date September 11, 2008							
Typed or printed name Michele M. Simkin			Registration No. 34,717						
71.	ation is equipped by 37 C	ED 1 211 The information	on is required to obtain	or re	etain a benefit by th	ne publi	c which is to file (and	by the USPTO to process)	
an application Confider	itiality is poverned by 35	U.S.C. 122 and 37 CFR	1.14. This collection i	s esti	mated to take 12 n	nınutes	to complete, including	g gathering, preparing, and ne you require to complete	

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